

EMS Trauma Subcommittee
Meeting Summary
March 13th, 2012 - 3:00 PM

The EMS Trauma Subcommittee met on March 13th at 1500. There were 14 people in attendance, with 4 people on the conference call.

We received an update on AWIN radios for helicopters. There are tests in progress to assess the feasibility of using handhelds and control boxes. A group of interested parties had another conference call, and another is scheduled for April 10th. This group discussed some of the other options, and some were felt to not be practical. There was some discussion of the total number of units that would be needed. It was felt that all licensed helicopters should be included.

Now that the bylaws are approved, we need to begin contacting the TRAC chairs to appoint the voting members of the subcommittee. We will also contact representatives from the other entities that have appointees to the subcommittee in hopes of having our members defined in the near future.

Myra has sent out a survey monkey in an attempt to get EMS costing data for the finance subcommittee. As of this date, only 9 surveys have been completed. We will encourage more providers to complete this ASAP.

The 2013 deliverables were again reviewed. Since our last meeting, there has been a clarification that EMS agencies will not have to get multiple bids on equipment in order to get the grant funds. The wording of some of the deliverables was changed to match the new EMS R&R revision. There was some discussion of how to quantify and enforce “participate in hospital sponsored training as available.” The health dept will look into whether we need to keep this or not. The deliverables were approved, and they will be presented at the next TAC meeting.

The majority of the meeting was spent reviewing a rough draft of a data report compiled by Greg and Ryan. This was well received by all, although there were some apparent errors in the data which Ryan and Greg will continue to refine. We discussed the utility of including various elements in the report. When developing the performance assessment plan, we had discussed some potential clinical data points. This report seemed to demonstrate most of these will not be feasible at the present time, as they are not required data elements, and the numbers for most are low and inaccurate. We did discuss possibly adding a field for future use. Now that the triage guidelines are approved, we would like to add a field so that anytime a trauma band is listed, the pt would also need to be categorized as minor, moderate, or major. This would allow for a much better assessment of where patients are going, and who potentially could have benefited from a different initial destination.

Our next meeting will be Tuesday, April 10th, at 1500.